EXHIBIT "K"

PARTNERS IN SAFETY

ALL SECTIONS MUST BE COMPLETED

MEDICAL EXAMINATION REPORT

FOR COMMERCIAL DRIVER FITNESS DETERMINATION

Employer Name: Quality Bus Service, LLC.

1. DRIVERS INFORMATION — *Driver completes this section.*

Driver's Name (Last, First, Middle)	Social Security No.	Birth date M/D/Y	Age	Sex		Date of Exam
Rajo, Caitlin, Helen	157-74-5139	8/12/81	31	☐ M ☑ F	☑ New Certification ☐ Recertification ☐ Follow Up	10/16/12

Address (Street)	City, State, Zip Code	Phone	Driver's License No.	License Class	State of Issue
5 White St. Apt 2	Port Jervis NY 12771	W: (845) 858-2150 H: (845) 331-2335	491-819-925	☐A ☑B ☐C ☐D ☐Other	NY

2. HEALTH HISTORY — *Driver completes this section, but medical examiner is encouraged to discuss with driver.*

Yes	No		Yes	No		Yes	No	
☑	☐	Any illness or injury in last 5 years.	☐	☐	High Blood Pressure ☐ medication	☐	☑	Loss of, or altered consciousness
☐	☑	Head/Brain injuries, disorders, or illnesses	☐	☑	Muscular disease	☐	☑	Fainting, dizziness
☐	☑	Seizures, epilepsy ☐ medication	☐	☑	Shortness of breath	☐	☑	Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring
☐	☑	Eye disorders or impaired vision (except corrective lenses)	☐	☑	Lung disease, emphysema, asthma, chronic bronchitis	☐	☑	Stroke or paralysis
☐	☑	Ear disorders, loss of hearing or balance	☐	☑	Kidney disease, dialysis	☐	☑	Missing or impaired hand, arm, leg, finger, toe
☐	☑	Heart disease or heart attack; other cardiovascular condition ☐ medication	☐	☑	Liver disease	☐	☑	Spinal injury or disease
☐	☑	Heart surgery (valve replacement / bypass, angioplasty, pacemaker)	☐	☑	Diabetes or elevated blood sugar controlled by: ☐ Diet ☐ Pills ☐ Insulin	☐	☑	Chronic low back pain
			☐	☑	Nervous or psychiatric disorders, e.g., severe depression ☐ medication	☐	☑	Regular, frequent alcohol use
						☐	☑	Narcotic or habit forming drug use

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

May 2012 had a hysterectomy due to cervical cancer. DR Koenler
Currently on clonedine for menapause (hot flashes, ect.) and Valium.
Dr. Rhenler
95 Crystal Run Road
Middletown, NY. 10940 No current limitations

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Caitlin Rajo — Driver's Signature

10/16/2012 — Date

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "Yes" answers and potential hazards of medications, including over-the-counter medications, while driving.)

PCP-Dr. Galli (845) 858-1457
PMH:- Cancer TAH - 5/12.
PSH - 2006 Breast Cancer ⊖ lumpectomy & chemo pills
(Meds) Clonidine . 1mg po BID PRN Diazepam 10mg po 2-3x/DAY

TESTING (Physical Examiner completes Section 3 through 7) PMD-Dr. Galli

3. VISION

Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: *When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified.*

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION	
Right Eye	20/ 20	20/	Right Eye	180 °
Left Eye	20/ 20	20/	Left Eye	180 °
Both Eyes	20/ 20	20/		°

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green and amber colors? ☑ Yes ☐ No

Applicant meets visual acuity requirement only when wearing: ☐ Corrective Lenses

Monocular Vision: ☐ Yes ☑ No

Complete next line only if vision testing is done by an ophthalmologist or optometrist

Date of Examination	Name of ophthalmologist or optometrist (please print)	Telephone Number	License No./ State of Issue	Signature

Driver Name Caitlin Raito

Social Security Number 157-74-5139

4. HEARING

Standard: a) Must first perceive forced whispered voice ≥5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤40 dB ☐ Check if hearing aid used for tests ☐ Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14dB from ISO for 500Hz, -10 dB for 1,000 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

N **Numerical readings must be recorded.**

a) Record distance from individual at which forced whispered voice can first be heard.	Right Ear	Left Ear
	5 Feet	5 Feet

b) If audiometer is used, record hearing loss in decibels. (acc. To ANSI Z24.5-1951)	Right Ear			Left Ear		
	500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
	Average:			Average:		

5. BLOOD PRESSURE / PULSE RATE

Numerical readings must be recorded. Medical Examiner should take at least two readings to confirm Blood Pressure.

Blood Pressure	Systolic	Diastolic
	122	80

D Driver qualified if ≤ 140/90.

Pulse Rate: ☒ Regular ☐ Irregular
Record Pulse Rate: 62

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 Year	1 Year if ≤140/90 One-time certificate for 3 mos. If 141-159/91-99
160-179/100-109	Stage 2	One-time certificate for 3 mos.	1 Year from date of exam if ≤140/90
>180/110	Stage 3	6 mos. From date of exam if ≤140/90	6 mos. If ≤140/90

6. LABORATORY AND OTHER TEST FINDINGS

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Numerical readings must be recorded.

URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR
	1.005	neg	neg	neg

Other Testing *(Describe and record)*

7. PHYSICAL EXAMINATION

Height: 60 (in.) Weight: 120 (lbs.)

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. *See instructions to the Medical Examiner for guidance.*

BODY SYSTEM	CHECK FOR:	YES*	NO	BODY SYSTEM	CHECK FOR:	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.	☐	☑	7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.	☐	☑
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, macular degeneration, aphakia, glaucoma.	☐	☑	8. Vascular System	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.	☐	☑
3. Ears	Middle ear disease, occlusion of external canal, perforated eardrums.	☐	☑	9. Genito-urinary System Hernias		☐	☑
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.	☐	☑	10. Extremities-Limb impaired. Driver may be subject to SPE certificate if otherwise qualified.	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hyptonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.	☐	☑
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker.	☐	☑				
6. Lungs and chest, not including breast examination.	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rates, impaired respiratory function, dyspnea, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or xray of chest.	☐	☑	11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.	☐	☑
				12. Neurological	Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia	☐	☑

*Comments: Sarcoidosis PRN x 15 years & ETOH & Drugs.

This section MUST be completed. *See Instructions to the Medical Examiner for guidance.*

☒ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate

☐ Does not meet standards.

☐ Meets standards, but periodic monitoring required

Due to _____ driver qualified only for:

☐ 3 Months ☐ 6 Months ☐ 1 Year ☐ Other

☐ Temporarily disqualified due to (condition or medication): _____

Return to medical examiner's office for follow up on _____

☐ Driving within an exempt intracity zone (SEE 49 CFR 391.62)

☐ Qualified by operation of 49 CFR 391.64

☐ Wearing corrective lenses

☐ Wearing a hearing aid

☐ Accompanied by a _____ waiver/exemption

Driver must present exemption at time of certificate

☐ Skill Performance Evaluation (SPE) Certificate

Medical Examiner's Signature Patricia Arnold NP

Medical Examiner's Name (print) Patricia Arnold

Address 800 Route 17M, Middletown, NY 10940

Telephone Number 845-341-0515 Date of Exam 10/16/13

Certificate Expiration Date 10/16/14

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Caitlin Zaylo

In accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified and, if applicable, only when:

- ☐ wearing corrective lenses
- ☐ wearing hearing aid
- ☐ accompanied by a _____ waiver/exemption
- ☐ driving within an exempt intracity zone (49 CFR 391.62)
- ☐ accompanied by a Skill Performance Evaluation Certificate (SPE)
- ☐ qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER: Patricia Ames	TELEPHONE: 845-341-0515	DATE: 10/16/13
MEDICAL EXAMINER'S NAME (Type or Print): Patricia Ames, NP	☐ MD ☐ DO ☐ Physician Assistant ☐ Chiropractor ☒ Advanced Practice Nurse	
MEDICAL EXAMINER'S LICENSE/CERTIFICATE NO. AND STATE: [redacted]		
SIGNATURE OF DRIVER: Caitlin Zaylo	DRIVER'S LICENSE NO.: 491 277 935	STATE: NY
ADDRESS OF DRIVER: 5 white st. Apt 2 Port Jervis		
MEDICAL CERTIFICATE EXPIRATION DATE: 10/16/14		

PARTNERS IN SAFETY, INC.